



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(s): Rosa Cuberes Altisen, et al.

SERIAL NO.: 10/804,558

ART UNIT:

FILING DATE: 3/19/04

EXAMINER:

TITLE: SUBSTITUTED AZETIDINE COMPOUNDS, THEIR  
PREPARATION AND USE AS MEDICAMENTS

ATTORNEY

DOCKET NO.: 785-011731-US (PAR)

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**  
**(37 C.F.R. §1.97(b)(3))**

Sir:

This information disclosure statement is being filed before the mailing of a first Office Action on the merits.

The following information is being disclosed to the Patent and Trademark Office as information that may be material to the examination of the above-identified patent application. Applicants' Attorney is aware of the following reference:

EP 0 406 112 A1

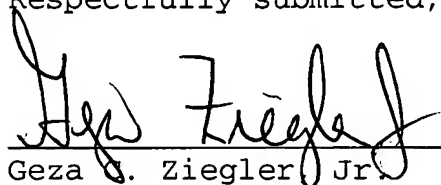
A copy of this reference is enclosed together with a Form PTO-1449.

The filing of this Statement is not to be construed as a representation that a search has been made regarding the claimed invention (37 C.F.R. §1.97(g)) or that no other possible material

information exists. In addition, the filing of this Information Disclosure Statement is not to be construed to be an admission that the information cited in the Statement is, or is considered to be, material to patentability (37 C.F.R. §1.97(h)).

The Commissioner is hereby authorized to charge payment for any fees associated with this communication or credit any over payment to Deposit Account No. 16-1350.

Respectfully submitted,



Geza G. Ziegler Jr.  
Reg. No. 44,004

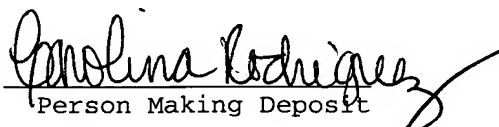
30 JAN 2004  
Date

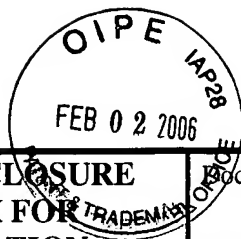
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**CERTIFICATE OF MAILING**

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**INFORMATION DISCLOSURE  
CITATION FORM FOR  
PATENT APPLICATION  
(FORM PTO-1449)  
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Group:

**U.S. PATENTS**

Initials	Patent Number	Issue Date	Name	Class	Sub-class	Filing date

**U.S. PATENT PUBLICATIONS**

Initials	Publication No.	Pub. Date	Name	Class	Sub-class	Filing Date

**FOREIGN PATENT DOCUMENTS**

Initials	Document Number	Date	Country	Name	Translation? Yes/No/n/a
	EP 0 406 112 A1	1/2/91	Europe	Laboratories del Dr. Esteve, S.A.	No

**OTHER DOCUMENTS (Title, Author, Date, Pages, Etc., if known)**


Examiner's Signature:

Date Considered:

Initial if reference was considered, whether or not citation is in conformance with MPEP. Mark through citation if not considered.  
Include a copy of this citation form with your next correspondence to the Applicant(s).